



761  
Receipt  
#6

Attorney's Office No.: 60531P002

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Peter M. Killcommons

Application No.: 09/491,459

Filed: January 26, 2000

For: SECURE NETWORK SYSTEM AND  
METHOD FOR TRANSFER OF  
MEDICAL INFORMATION

Examiner: Not Yet Assigned

Art Unit: 2766

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

on MARCH 21, 2002  
Date of Deposit

CHRISTOPHER P. MARSHALL  
Name of Person Mailing Correspondence

(2P. Marshall) 3/21/02  
Signature Date

Assistant Commissioner for Patents  
Washington, D.C. 20231

REQUEST FOR OFFICIAL FILING RECEIPT

Sir:

Applicant requests a copy of an Official Filing Receipt. Applicant has been unable to locate the Official Filing Receipt for this patent application. Please provide the undersigned attorney with a copy of an Official Filing Receipt for this patent application.

If there are any additional charges, please charge Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: March 21, 2002

Lester J. Vincent  
Reg. No. 31,460

**RECEIVED**

APR 09 2002

Technology Center 2100

12400 Wilshire Blvd.  
Seventh Floor  
Los Angeles, CA 90025-1026  
(408) 720-8300



## UNITED STATES PATENT AND TRADEMARK OFFICE

**FILE COPY**
 COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov


Bib Data Sheet

CONFIRMATION NO. 8553

<b>SERIAL NUMBER</b> 09/491,459	<b>FILING DATE</b> 01/26/2000 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> <del>2131</del> 2133	<b>ATTORNEY DOCKET NO.</b> 060531.P002
<b>APPLICANTS</b> Peter M. Kilcommons, San Francisco, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/120,823 02/19/1999 <i>AM</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/02/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>AM</i> <i>9/17/03</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 52
				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Tarek N Fahmi Blakely Sokoloff taylor & Zafman LLP 12400 Wilshire Boulevard Seventh Floor Los Angeles ,CA 90025-1026				
<b>TITLE</b> Secure network system and method for transfer of medical information				
<b>FILING FEE RECEIVED</b> 789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	